

Department of Health and Human Services MaineCare Services 11 State House Station Augusta, Maine 04333-0011 Tel.: (207) 287-2674; Fax: (207) 287-2675 TTY Users: Dial 711 (Maine Relay)

**DATE:** March 26, 2015

**TO:** Interested Parties

**FROM:** Stefanie Nadeau, Director, Office of MaineCare Services

**SUBJECT:** Adopted Rule – MaineCare Benefits Manual, Ch. III, Section 26, Day Health Services

This letter gives notice of an adopted rule: MaineCare Benefits Manual, Chapter III, Section 26, Day Health Services. This rule is being adopted to provide financial stability to Day Health Services providers. The rule is being adopted with retroactive application to November 1, 2014. These changes are subject to approval by the Centers for Medicare and Medicaid Services.

Rules and related rulemaking documents may be reviewed at, or printed from, the MaineCare Services website at http://www.maine.gov/dhhs/oms/rules/index.shtml or for a fee, interested parties may request a paper copy of rules by calling (207) 624-4050. For those who are deaf or hard of hearing and have a TTY machine, the TTY number is 711.

A concise summary of the rule is provided in the Notice of Agency Rule-making Proposal, which can be found at http://www.maine.gov/sos/cec/rules/notices.html. This notice also provides information regarding the rule-making process.

## **Notice of Agency Rule-making Adoption**

AGENCY: Department of Health and Human Services, Office of MaineCare Services

**CHAPTER NUMBER AND TITLE:** Chapter 101, MaineCare Benefits Manual, Chapter III, Section 26, Day Health Services

## **ADOPTED RULE NUMBER:**

**CONCISE SUMMARY:** This rule is being adopted to provide financial stability to Day Health Services providers. The rule is being adopted to have a retroactive application to November 1, 2014. These changes are subject to approval by the Centers for Medicare and Medicaid Services.

See <a href="http://www.maine.gov/dhhs/oms/rules/index.shtml">http://www.maine.gov/dhhs/oms/rules/index.shtml</a> for rules and related rulemaking documents.

**EFFECTIVE DATE:** March 31, 2015

**AGENCY CONTACT PERSON:** Derrick Grant, Health Planner

**AGENCY NAME:** Division of Policy **ADDRESS:** 242 State Street

11 State House Station

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TTY: 711 (Deaf/Hard of Hearing)

## 10-144 Ch 101 MAINECARE BENEFITS MANUAL CHAPTER III

SECTION 26	DAY HEALTH SERVICES	Last updated March 31, 2015

If CMS approves, Effective Nov. 1, 2014

PROC. CODE	DESCRIPTION	MAXIMUM ALLOWANCE	REMARKS
05100 HC	Des Com Coming	¢2.14	D 15
S5100 HC	Day Care Services	\$3.14	Per 15 mins